

Work Order ID 94856

December-20-12 10:06:51 AM

94856

Page 1

Item ID: D4061-1

Accepted

N900040100

Setu

Star

NS1

Revision ID:

Item Name: Ski Cushion

Start Date: 20/12/2012 **Start Qty:** 200.00

200

Cust Item ID

Required Date: 03/01/2013 Req'd Qty: 200.00

200

Customer:

Reference:

Approvals:

Process Plan: M1.5

Date: 12-12-2014 Tooling

B-4

Run Star

NR1

OC:

Date: **SBC CY/NL**

B-1

Stop

NP2

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

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Item ID: D4061-1

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Ski Cushion

Stop

NS2

Start Date: 20/12/2012 Start Qty: 200.00

200

Cust Item ID:

Required Date: 03/01/2013 Req'd Qty: 200.00

200

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center ID

120

120

QC

Quality Control

Operation
Description

QC8- Inspect parts - second check

Set Up/
Run Hours

0.00

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

D48

13

89

13-1-24

2/3

∅

130

130

Packaging

Packaging

Identify as per dwg & Stock Location:

51

0.00

407

140

140

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

R3/01/2013

13/1/2013

RB-D125

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				<input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update	<input type="checkbox"/> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab	<input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite	<input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier	<input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other			
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear	General										
	Bending	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced				
	Centre Not Concentric to O/S	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure				
	Cracks	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld				
	Crushed/Crimped.	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled				
	Cuffs	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>					
	Heat Treat	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>					
	Inspection Strip in Tube	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>					
	Ripples in Bend	<input type="checkbox"/>	Offset	<input type="checkbox"/>		<input type="checkbox"/>					
	Torque Waves in Extrusion	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>					
	Turning Sequence	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>					
	Wave/Twist in Tube	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>					
						<input type="checkbox"/>	Other				

Picklist Print

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Work Order ID: 94856

94856
D4061-1

Parent Item: D4061-1

Parent Item Name: Ski Cushion

Start Date: 20/12/2012

Required Date: 03/01/2013

Start Qty: 200.00

Required Qty: 200.00

Comments: IPP REV:A NEW ISSUE JLM 10-02-18 VERIFIED BY:EC IPP
REV:B 11.01.10 AS PER DWG REV.B DD VERF:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4287-3		Manufactured	No			100	f	6.4000	0.4125	86.84211			**

D4287-3

UHMW U-Channel

Location	Loc Qty	Loc Code
ST202	6.4	
91102	6.4	

6.4 13-01-03

86. 13-01-21

94940

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>								
Part No. _____															
NCR No. _____															
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
														<input type="checkbox"/> Other	

DART AEROSPACE LTD	Work Order:	94855
Description: Ski Cushion	Part Number:	D4061-1
Inspection Dwg: D4061	Rev: B	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:		Audited by:		Preliminary Approval:	
Date:	13-01-24	Date:		Date:	

Rev	Date	Change	Revised by	Approved
A	11.02.11	New Issue	KJ	JK

